MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036924
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2531

FILED SEP 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	14003		
2	24003		
3			
4	1		
5	1		
6			
7	1		
8	1		
9	151X		
10			
11			
12	44-0		
13			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood — Inside limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 451 George Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Arlene Middle: Nellie Last: Atwell

4. DATE OF DEATH: Month: August Day: 30 Year: 1962

5. SEX: female

6. COLOR OR RACE: white

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-10-10

9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): registered nurse

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (City and state or country): Ottawa, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Emery M. Smith

13b. MOTHER'S MAIDEN NAME: Nellie B. Pettit

14. NAME OF HUSBAND OR WIFE: Louis Vern Atwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

17. INFORMANT Address: Louis V. Atwell 415 George KW 22

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Dehydration	1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Intestinal Obstruction	1 wk
DUE TO (c)	Carcinomatosis (stomach = primary)	2 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ASHD.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1958 to 30 Aug '62 and last saw her/him alive on 30 Aug '62

Death occurred at 4:45 PM on the date stated above and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): John Johnstone, Jr. M.D.

22b. ADDRESS: 206 West Argonne Kirkwood 22, Mo.

22c. DATE SIGNED: 31 Aug 62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 9-1-62

23c. NAME OF CEMETERY OR CREMATORY: Alden Springs Cemetery

23d. LOCATION (City, Town, or County) (State): Iberia Mo.

24. FUNERAL DIRECTOR ADDRESS: MITTELBERG-GERBER COLONIAL CHAPEL ~~WEBSTER GROVES 19, MO.~~

25. DATE RECD. BY LOCAL REG.: 8-31-62

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanley H. Pixon

Licensed Embalmer No. 4193

P. O. Address St. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.